



## **Mental Health Update January 5, 2007**

### **FUTURES PROJECT**

#### **Care Management Work Group**

At the recent Care Management work group meeting, participants provided feedback on the November Fletcher Allen Health Care grand rounds featuring an Electronic Medical Record (EMR) system developed at Duke University called the Clinical Research Information System (CRIS). Tom Simpatico described a study committee being convened to evaluate two different approaches to EMR systems and to make recommendations back to the Secretary of AHS about possible implementation. One concept under consideration is that the state Agency of Human Services could sponsor the purchase and implementation of a central EMR that then individual hospitals and health care providers could connect to. The care management work group unanimously passed the following motion:

*The Care Management Work group supports the concept of a state-sponsored EMR system for all health providers and that such a system should further the goals of the MH Care Management system implementation as a priority.*

A proposal from the CRT Directors Council to pilot the care management system ideas with the four current adult mental health crisis bed programs was briefly introduced and will be discussed at the January meeting of the work group.

The minutes of the recent Care Management Work Group meeting and the pilot proposal are posted with this update.

#### **Crisis Stabilization/Inpatient Diversion Request for Proposals (RFP)**

The Vermont Department of Health, Division of Mental Health is issuing an RFP for new crisis bed capacity. Letters of intent to apply are due January 24<sup>th</sup> and the application deadline is February 9<sup>th</sup>. The RFP is posted with this weekly update.

#### **POC Releases Draft Recommendation**

The Public Oversight Commission (POC) released its draft recommendation on the Futures Conceptual CON Application in advance of their upcoming deliberation on January 10<sup>th</sup>. The POC's draft recommendation is to approve the conceptual CON with nine conditions that must be addressed in the State's Phase 2 application. The conditions in summary are:

- Exploration of alternative locations to the FAHC campus

- Adequate inpatient capacity for inmates of the DOC
- Long term commitment to adequate funding for both the inpatient and outpatient community mental health services
- Research and analysis of what other states are doing with State Hospitals to assess the efficiency of Vermont's Futures Plan
- Clearly defined governance arrangements and agreements with relevant parties concerning management, operations, and funding for the service
- A transition plan which also addresses the retention of the current skills and capabilities of the existing VSH work force
- Plans to address issues of community impact
- Compliance with a BISHCA established timeline for planning and developing the Phase 2 application, including an interim objective of certification of the current VSH.
- Interested parties have open, transparent and meaningful access to the CON Planning process.

The POC draft recommendation is posted on the DMH website.

### **“Together in the Future”**

Recovery and evidence-based practice will be the subject of a day-long conference on February 1<sup>st</sup> presented by Fletcher Allen Health Care's Inpatient Psychiatry and nursing departments. The program will include speakers and interactive participation to explore how these principles could be applied to inpatient psychiatric programs. Agenda highlights are:

- creating a recovery culture;
- promoting collaborative, client-centered care;
- recovery and evidence-based practice in Vermont today; and
- case studies in the application of these principles.

The intended audience includes physicians, nurses, social workers, and community advocates. Registration will be accepted through January 30<sup>th</sup>. Some financial assistance is available to cover the \$50 registration fee which includes lunch. Call Cindy Gleason at Fletcher Allen (847-1605) for more information.

### **Secure Residential Work Group**

At its October meeting, the Futures Advisory Committee reviewed the status of the Community Residential Recovery Work Group, noting that a clinical steering committee and a community advisory group have been designated to help prepare for the opening of Second Spring and to provide ongoing community input for the program. Consequently, the work group will shift its focus to development of the secure residential program in the Futures Plan. Monthly meetings are planned, beginning January 10<sup>th</sup> from 9:00 to 11:00 a.m. in Dr. Simpatico's office at VSH. Interested stakeholders are encouraged to participate. Minutes of the work group's November 15<sup>th</sup> meeting are posted on the DMH website.

### **Advisory Committee**

The Futures Advisory Committee considered a second report from the crisis bed work group. The report included a fiscal analysis indicating that the overall MH Emergency system requires an additional \$2.9 million to make up the difference between current funding levels and the costs of providing a basic service capacity in each region of the state. In addition, the work group recommended, and the Advisory Committee endorsed creating 32 new crisis beds system-wide at an estimated cost of over \$5 million annually. Work group members will discuss approaches to Governance at Vermont State Hospital at the January meeting.

### **Peer Support Program Development Work Group**

The minutes of the recent Peer Support meeting are posted with this update.

### **VERMONT STATE HOSPITAL CENSUS**

The Vermont State Hospital Census was 54 as of midnight Wednesday night. The average census for the past 45 days was 53.